## 1403-129-2964

**FEC** 

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## STATEMENT OF

**PAGE 1/4** 

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**ORGANIZATION** FORM 1 2014 SEP 17 AIIII: 52 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) CALIFORNIA CONGRESSIONAL YOUNG GUNS VICTORY FUND 2470 DANIELLS BRIDGE RD STE 121 ADDRESS (number and street) (Check if address is changed) **ATHENS** 30606 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS PAUL@PDSCOMPLIANCE.COM (Check if address is changed) Optional Second E-Mail Address IMGOODE@PDSCOMPLIANCE,COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 2014 DATE FEC IDENTIFICATION NUMBER > IS THIS STATEMENT OR AMENDED (A) NEW (N) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

> For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

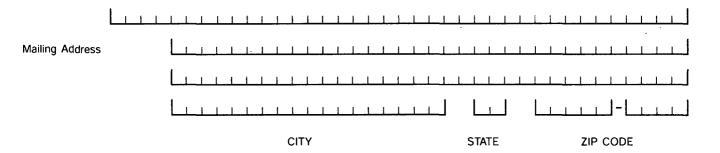
FEC FORM 1 (Revised 06/2012)

_	FEC	Form 1 (Revised 02/2009)	Page 2		
<b>.</b>		TYPE OF COMMITTEE			
	Candida	Candidate Committee:			
	(a)	This committee is a principal campaign committee. (Complete the candidate information below	.)		
	.(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	nplete the candidate		
	Name of Candidate				
	Candidate Party Affil	Office Sought: House Senate President	State District		
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name of Candidate				
	Party C	ommittee:			
	(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.		
Political Action Committee (PAC):					
			anneated ergenization is a		
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	innected organization is a.		
		Corporation Corporation w/o Capital Stock	Labor Organization		
		. Membership Organization Trade Association	Cooperative		
		In addition, this committee is a Lobbyist/Registrant PAC.			
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	segregated fund or party		
		In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
	Joint Fundraising Representative:				
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate			
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political		
	C	emmittees Participating in Joint Fundraiser			
	1.	CARL DEMAIO FOR CONGRESS	0545384		
	2.	GORELL FOR CONGRESS FEC ID number C CO	0552430		
	3.	NESTANDE FOR CONGRESS FEC ID number C CO	0543660		
	4.				

Write or Type Committee Name

CALIFORNIA C	ONGRESSIONAL YOUNG GUNS VICTORY FUND			
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
NONE	<u>                                     </u>			
Mailing Address				
	CITY STATE ZIP CODE			
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor			
Custodian of Papards: Idor	tify by name, address (phone number optional) and position of the person in possession of committee			
books and records.	itily by hame, address (phone humber optional) and position of the person in possession of committee			
1				
Full Name				
Mailing Address				
Title or Position	CITY STATE ZIP CODE			
	Telephone number			
	<b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).			
Full Name PAUL KIL	GORE			
of Treasurer	2470 DANIELLS BRIDGE RD STE 121			
Mailing Address				
	ATHENS			
	CITY STATE ZIP CODE			
Title or Position TREASURER	Telephone number 706 - 534 - 7780			

Name of Bank, Depository, etc.



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(8/2013)

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